National Type Evaluation Program
Application No. 4 for Automatic Weighing Systems

Shaded section to be completed by laboratory personnel:		
Project No.	**Control No.**	**Lab No.**

Applicant

Name:

Address:

Zip Code:

Telephone: Representative:

General

Prototype Device Production Device ☐

Schematics submitted? ☐ Yes ☐ No

Operating Manual submitted? ☐ Yes ☐ No

Lab Test ☐ Location: *To be conducted by:

Field Test ☐ Location: *To be conducted by:

Model:

System or Device Description:

***Note:** NTEP reserves the right to select the laboratory assigned to do the evaluation.*

A non-refundable application fee of $690.00 is due at the time of application. This may be submitted in the form of a check, purchase order number, or credit card. Please indicate method of payment:

❒ check (make check payable to "DOC/NIST")
❒ purchase order; indicate purchase order number :_____
❒ Visa ❒ MasterCard ❒ Discover ❒ American Express
Card Number:_____ Exp. Date:_____
Name of Cardholder: _____

Signature_____ Title_____

Date_____

To expedite the preparation of the final Certificate of Conformance (CC), manufacturers are encouraged to prepare a draft CC using the CC Macro that is now available on the OWM home page (**http://www.nist.gov/owm**) under the NTEP section. Simply click on "Certificate of Conformance Macro" and follow the instructions. Submit an electronic copy of the draft CCs directly to the NTEP Laboratory assigned.

Please return the application and fee to:
National Type Evaluation Program Applications
National Institute of Standards and Technology
Bldg. 820, Room 223
100 Bureau Drive STOP 2350

Gaithersburg, MD 20899-2350
Phone: (301) 975-4004 **Fax:** (301) 926-0647

Device Description

Model _____ Serial No. (Device to be tested): _____

Capacity x d: _____ Accuracy Class: _____

Platform Size: _____ n_{max}: _____

Platform Material: _____

Load Cell(s) Used: _____

Load cell NTEP CC No. _____ v_{min}: _____

General

Prototype Device _____ Production Device _____

Schematics submitted _____ Yes _____ No

Operating Manual submitted _____ Yes _____ No

Lab Test _____ Location _____

To be conducted by _____

Field Test _____ Location _____

To be conducted by _____

Indicating Elements

Model: _____ Serial No: _____

Manufacturer: _____

Features

Mark **S** for standard features, **O** for optional features, and leave blank if not applicable. List additional features at the end of this application.

____	Semi-automatic zero	____	Semi-automatic tare
____	Keyboard tare	____	Separate tare display
____	Programmable tare with PLUs	____	Multiple tare memories
____	Unit price save key	____	Tare save key
____	Price look-up capability	____	Multiplier keys
____	Multiple pound/item pricing	____	Manual weight entries
____	Pound/kilogram conversion	____	Programmable commodity keys
____	Training mode	____	Keyboard PLU keys
____	Zero tracking	____	Alphanumeric display
____	Gross/tare/net display modes	____	Gross/net display modes
____	Variable print format	____	Liquid crystal display
____	Integral weight display	____	Remote customer display
____	Ticket printer	____	Tape printer
____	Label printer	____	UPC printer
____	Integral printer	____	Thermal printer
____	Dot matrix printer	____	Prints time and date
____	Prints identification number	____	Consecutive ticket numbering
____	Battery power supply	____	AC to DC adapter
____	Battery saving feature (automatic shut-off)	____	Audit trail (See page 63)
____	Initial zero-setting mechanism (IZSM)		

____ Intrinsically Safe (When offered as an option, the intrinsically safe version must be submitted.)

Load Cell Data

Type: ____ Strain Gage ____ Inductive ____ Hydraulic

____ Tension ____ Compression ____ Other

Model: _____ Capacity: _____

Quantity (no. of cells): _____ mV/V: _____

Cell Excitation: _____ µV/d: _____

Recording Element

Type of printer (e.g., label printer, page printer, preprinted weigh ticket printer): _____

Model: _____ Manufacturer: _____

Other Models
(See Sections A&B)

Model Number	Minimum Acquisition Time	Capacity (e.g., fpm)	Weighbridge Length	Weighbridge Width	Belt Width	Number of Chains	Load Cell Model and Capacity

Other Capacities

1. _____ x _____ 4. _____ x _____

2. _____ x _____ 5. _____ x _____

3. _____ x _____ 6. _____ x _____

Other Load-Receiving Element Dimensions

1. _____ x _____ 4. _____ x _____

2. _____ x _____ 5. _____ x _____

3. _____ x _____ 6. _____ x _____

Other Features

_____

_____

Describe the Method of Sealing the Device

_____

_____

_____

Parameters Requiring Sealing

Mark and list all parameters to be sealed and method of sealing (physical or audit trail). If an audit trail is used to seal a feature, define how to access the audit trail and describe how it functions.

Coarse zero	
Span	
Linearity correction values	
Motion detection (on/off)	
Motion detection (number of divisions and speed of operation)	
Number of samples averaged for weight readings	
Averaging time for weight indications	
Selection of measurement units (if internally switched and not automatically displayed on the indicator)	
Division value, d	
Number of scale divisions, n	
Range of over capacity indications (if it can be set to extend beyond regulatory limits)	
100 g and 1 kg pricing capability	
Automatic zero-setting mechanism (range of a single step)	

Application

Describe the Method of Sealing the Device

(including audit trail operation if applicable)

Notes

Type approval is granted only for successfully evaluated options with the exception that it may be granted for a family of devices if equipment is submitted for evaluation in accordance with the guidelines established under the definition of "Type" in the Administrative Procedures of NCWM Publication 14.